

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

(Mr. GOHMERT addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. HASTINGS) is recognized for 5 minutes.

(Mr. HASTINGS of Florida addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Connecticut (Mr. MURPHY) is recognized for 60 minutes as the designee of the majority leader.

Mr. MURPHY of Connecticut. Mr. Speaker, I'm glad to be here on the House floor this evening, joined by many of my colleagues representing the class of 2006, to come down to the floor this evening to talk to our colleagues on both sides of the aisle about an issue that doesn't discriminate between Republicans and Democrats, an issue that doesn't care whether you're liberal or conservative. It is the lack of access to affordable health care in this country. The voters of this Nation gave the House and the Senate and the President a mandate last November. It was to come here and do something that has not been done in the modern history of this government, to finally make fundamental reform of our health care system so that the people that we represent do not go bankrupt by the current system, and the government that we are constituted to protect doesn't go bankrupt because of health care costs.

So we're here to talk this evening about what we think is an amazing opportunity for this House and for this country to pass a health care reform bill that, at the same time, expands coverage to people that either don't have health care insurance or today have inadequate health care insurance and, in doing so, reduces the cost of health care for all Americans and all of

the countless businesses, small and large, that are struggling to pay for health care costs.

Mr. Speaker, I'm going to turn this over to my colleagues to begin the discussion. But before we do, I just want to share one important chart and statistic with my colleagues. This is a chart that simply shows what has happened over the last 10 years to health care costs in this country, a 119 percent increase in the premiums that families and businesses are paying. During that same time, a 117 percent increase in the money coming out of workers' pockets to pay for that health care. A 119, 120 percent increase, let's round it off, in health care costs for businesses around this country.

That is unsustainable. And what it has meant is that during that time, any additional money that businesses have made over the last 10 years has largely gone not to workers' pockets, not to increased wages, but to pay health care bills. So we'll talk tonight about a lot of the visible costs of our very broken health care system, the scars on the outside that people have due to our neglect of the problems in our health care system.

But there are a lot of invisible costs as well. And what this chart very clearly shows is that when employers, over the last 10 years, are paying 120 percent increases, that means that a lot of workers out there aren't seeing raises, or are only seeing 2 percent when they should be getting 5 percent because their employer is sending all of that money into their insurance plan. And so we're going to talk about that tonight. We're going to frankly also talk about a lot of the mythology that's out there.

We had a speaker on the Republican side of the aisle earlier tonight come down here and use the now familiar Republican talking point of the government takeover of health care. Well, I think if any of our constituents out there do what every Member of Congress should do, which is read the bill, they'll find that there is no truth in that statement. That statement, though is anchored in a 28-page memo that made the rounds around the House of Representatives earlier this year by Frank Luntz, a very well known Republican pollster who laid out to Republicans how they could kill health care reform.

He said very clearly, don't pay attention to the details. Don't pay attention to the substance. Just say government takeover again and again and again. That memo is strewn with one piece of advice: If you say government takeover, you can stop health care reform from happening. And if you stop health care reform from happening, you can preserve the status quo.

That's what's happening here. Talking points and sound bites designed to stop health care reform from happening, designed to stop the reforms that will pass on lower costs to our constituents, that will guarantee ac-

cess to people that don't have it, that will end these discriminatory practices of insurance companies. That's the agenda that is going to play out on the House floor over the coming weeks and months, an agenda anchored in reform, anchored in cost-cutting, anchored in expanding our access and a political agenda designed to use talking points and sound bites to stop health care reform from happening.

I'm glad to be joined here on the House floor by several of my colleagues to talk about the stakes of this debate, to talk about what is really in the bill versus what folks are claiming is in there. And we have some great leaders in this effort joining us tonight, led by my good friend from Colorado, Representative PERLMUTTER.

Mr. PERLMUTTER. And I thank my friend, Mr. MURPHY, for kicking off tonight. And let's start where you were ending, about the status quo. Republicans in Congress just want to maintain the status quo. And I know in Colorado that's unacceptable, because what we've seen, like your chart, but even more so, the acceleration of the cost to keep people healthy and well is going through the roof. Whether it's a small business or a family, an individual, the premiums are going up. The deductibles are going up. I know at my old law firm, where it's in a position now where, after decades of providing coverage to everybody who works in the firm, there's a real question whether the firm can afford it anymore.

□ 2015

That's just not right—not in a country like our country. Not in America. We can do better than that. Change is what needs to take place. The status quo is no longer an option.

There's a fundamental flaw with the system that we have right now in that it allows discrimination against people who have prior health conditions. And that's just wrong. It's something that should not be allowed here in America.

I have a daughter with epilepsy. So, for me, it's a very personal kind of setting. She's a wonderful kid. She's no longer a kid. She's a young woman, college graduate, but still has seizures from time to time. She's not insurable unless she's in a big group insurance setting. She can't get insurance. She didn't ask to have epilepsy. But she's discriminated against because she has it.

That's just got to change. And I know in my district and in Colorado more than 80 percent of the people want to see change so that people with prior health conditions, preexisting conditions, get coverage and are not discriminated against.

We have a fundamental flaw in our health system today that has to be corrected. It's wrong. And it's probably unconstitutional under the equal protection clause of the 14th Amendment to our Constitution. We've got to change that.

So we need to rein in costs for small businesses and for individuals. We need